

**Read instructions before completing form****FIS 0317** (10/06) Office of Financial & Insurance Services**Revenue and Expense Report for HMOs**

File this report with your quarterly statement filings.

Use checkboxes to indicate which report you are filing:

- ☐ 2006 Annual data DUE March 1, 2007  
☐ Q1 data DUE May 15, 2007  
☐ Q2 YTD DUE August 15, 2007  
☐ Q3 YTD DUE November 15, 2007

Filing is required for:  
All HMOs**2007****DUE  
quarterly****Bar Code Required - Place Bar Code Here**

Address questions about this form to:

Office of Financial Evaluation (517) 241-4490

Name of Company	Company NAIC Group number and Company code
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<i>page 1 of 2</i>	1-Commercial	2-Michigan-Child	3-Title XVIII Medicare	4-Title XIX Medicaid	5-Fee for service	6-Other *	7-Total
1. Member months							
2. Net premium income							
3. Change in unearned premium reserves and reserves for rate credit							
4. Fee-for-service							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Aggregate write-ins for other non-health revenues							
8. Total Revenues (Lines 2 to 7)							

**Medical and Hospital**

9. Hospital/Medical benefits

A) Physician services-primary care							
B) Physician services-specialty care							
C) Hospital-inpatient							
D) Hospital-outpatient							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14. Aggregate write-ins for other medical and hospital							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							

**Michigan Department of Labor & Economic Growth**Visit OFIS online at: [www.michigan.gov/ofis](http://www.michigan.gov/ofis) Phone OFIS toll-free at: 1-877-999-6442

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Less

17.	Net reinsurance recoveries						
18.	Total medical and hospital (Lines 16 minus 17)						
19.	Non-health claims						
20.	Claims adjustment expenses						
21.	A) General administrative expenses other than marketing						
	B) Marketing expenses only						
22.	Increase in reserves for life and accident and health contracts						
23.	Total underwriting deductions (Lines 18 to 22)						
24.	Net underwriting gain or (loss) (Lines 8 minus 23)						
25.	Net investment income earned						
26.	Net realized capital gains or (losses)						
27.	Net investment gains or (losses) (Lines 25 plus 26)						
28.	Net gain or (loss) from agents' or premium balances charged off						
29.	Aggregate write-ins for other income or expenses						
30.	Net income or (loss) before federal income taxes (Lines 24 plus 27 through 29)						
31.	Federal and foreign income taxes incurred						
32.	Net income (loss) (Line 30 minus line 31)						
					TOTAL SURPLUS OF COMPANY —————▶		

Details of Write-ins: Give line number (Line 6, 7, 14 or 29) and name of item. Attach additional sheet if necessary.


\* Indicate Line(s) of business included in column 6-Other:

Certification

I certify that I am an officer of the company named in this report, and that I have authority to prepare and file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature	Date signed	Person and phone number to contact regarding this report
Signer's name and title typed or printed		

PA 218 of 1956 as amended requires submission of this form by all licensed Health Maintenance Organizations. Failure to complete and submit this form properly could result in a compliance action or revocation of your authority to do business in Michigan.